

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	Not Yet Assigned
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND COMPOSITIONS FOR TREATMENT OF OTITIS MEDIA
Attorney Docket Number::	368292001700
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	None
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Philip
Middle Name::	J.
Family Name::	BARR
City of Residence::	Oakland
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	5602 Denton Place
City of mailing address::	Oakland
State or Province of mailing address::	CA

Postal or Zip Code of mailing address:: 94619

Applicant Authority Type:: Inventor
Primary Citizenship Country:: New Zealand
Status:: Full Capacity
Given Name:: Philip
Middle Name:: A.
Family Name:: PEMBERTON
City of Residence:: San Mateo
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 439 Midway Avenue
City of mailing address:: San Mateo
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94402

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name:: J.
Family Name:: ANTONELLI
City of Residence:: Gainesville
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: 8946 SW 44th Lane
City of mailing address:: Gainesville
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 32608

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Gregory
Middle Name:: S.
Family Name:: SCHULTZ
City of Residence:: Gainesville
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: 832 NW 45th Terrace
City of mailing address:: Gainesville
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 32605

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: J.
Family Name:: SUNDIN
City of Residence:: Antioch
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 5423 E. Creek Court
City of mailing address:: Antioch
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94531

Correspondence Information

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is	An application claiming the benefit under 35 USC 119(e)	60/431,286	12/06/02
and	An application claiming the benefit under 35 USC 119(e)	60/435,985	12/20/02